

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Western District of Michigan  
399 Gerald R. Ford Federal Bldg  
110 Michigan Street, N.W.  
Grand Rapids, MI 49503

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *L. Haroney*

☐ Agent☐ Addressee

## B. Received by (Printed Name)

*L. Haroney*

## C. Date of Delivery

*5/29/08*

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

**FILED**

*6-2-2008*

*JUN - 2 2008*

☐ Express Mail

**MICHAEL W. DOBBINS**

**CLERK, U.S. DISTRICT COURT**

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## 2. Article Number

(Transfer from service label)

7004 2510 0001 9746 9216

PS Form 3811, February 2004

Domestic Return Receipt

*08CR416*

102595-02-44-1540

*08CR410*